



DEAR LAKE RESIDENTS:

Midwest Aqua Care is now scheduling services for aquatic weed and algae control at your lake. As Minnesotans, we pack a lot of fun into our summers, we'll help you keep it that way! We offer a two-treatment program for seasonal control of aquatic weeds and algae. We apply EPA registered aquatic herbicides and algaecides. Please return the sign up form by mail or fax to:

MIDWEST AQUA CARE 1924 W 200th St, Jordan, MN 55352
 P: 952-403-6879 Email: sales@midwestaquacare.com

We've Moved! See Address Above

2021 Shoreline Weed Control

CONTROLS - EURSIAN WATERMILFOIL / CURLY-LEAF PONDWEED / MOST NATIVE WEEDS / SHORELINE ALGAE

Gleason Lake

WHAT WE DO Early and Mid-Season Treatments	WHEN WE DO IT	* WHAT WE CHARGE
First of two treatments: For submerged weeds and algae.	**May to Early June	\$189.00 per treatment.
Second of two treatments: For submerged weeds and algae.	4 to 6 Weeks After The First Treatment	\$189.00 per treatment
Water-lily control 50'x50' + submerged weeds and algae.	→	\$ 329.00 per treatment.

PLEASE NOTE > You do not need to sign up for both treatment programs. Either submerged weeds & algae or lily control WITH submerged weeds and algae. If you don't have water lilies, your cost is \$189. *GLIA Members do not need to pay \$35 DNR Permit Fee*

** This program does not include cattail control. Contact us for special pricing. ** Optimal application timing may change subject to seasonal variation in growth rates.*

Submerged Weed and Algae Control Policy: Treatments will control most native plant types including invasive weeds like Eurasian Watermilfoil and Curly-Leaf Pondweed. Plant re-growth can occur and/or other plants may repopulate the control site. Two treatments will minimize re-growth. Resistant plants include vallisneria, clasping-leaf and large-leaf (cabbage weed). If results are not satisfactory, contact us 12 to 16 days post treatment to re-evaluate treatment options. No guarantee is offered, however, Midwest Aqua Care, Inc. understands the value of our long-term relationship and your satisfaction and will administer the best practices and products to achieve the greatest outcome.

Please fill out sign-up form and return by **MARCH 15th!**
 Your signature is required for MN DNR permit processing.

Wishing you a great summer season !

Midwest Aqua Care. 1924 W 200th St, Jordan, MN 55352
 Phone: 952-403-6879
 Email: sales@midwestaquacare.com - Website: www.midwestaquacare.com

DIY Proucts and Dock Circulators also available for purchase. Call or visit online.



1924 W 200th St
Jordan, MN 55352
952-403-6879
sales@midwestaquacare.com

gleason
summer 2021 - sign up form

Name:
Address:

TREATMENT OPTIONS

Please check box for service choice

- two treatments (submerged & algae) \$189 per
- two treatments (lilies, submerged, & algae) \$329 per
- MN DNR Permit Fee will be billed after first treatment

Payment Terms: Invoiced after each treatment

GLIA members do not need to pay \$35 DNR permit fee Text

I have reviewed the costs and the submerged weed and algae control policy on the informational program sheet.

Signature



(1 of 2)

Return This Form By March 15, 2021

Please diagram desired treatment area below.
Include house color and any notable lakeside landmarks, boat type(s), canopy color and/or update any changes to the description below.

Description:		
Neighbors Name		Neighbors Name

* Required > Shoreline feet owned _____ feet.

* Required > Shoreline feet to be treated _____ feet.

DO YOU IRRIGATE WITH LAKE WATER? **YES NO**

Your signature and date are required on application to apply for DNR Permit.



APPLICATION FOR A PERMIT TO CONTROL: AQUATIC PLANTS, ALGAE, SWIMMER'S ITCH, AND LEECHES
(Please Print or Type)

Applicant's Name (First, MI, Last) Name:		Day Time Phone Number	Cell Phone Number
Lake Home Address (# and street, RFD, Box #, City, State, Zip Code)		Fire # / 911 #	Lake Residence Phone Number
Permanent Mailing Address (Indicate if it is the same as above) Address:		E-mail Address	
SIZE OF AREA PROPOSED TO BE TREATED: My property extends _____ ft along shore. Proposed treatment area extends _____ ft along shore by 100 ft lakeward, out to a depth of _____ feet and/or a channel _____ feet long and _____ feet in width extending to open water.			

By signing this form I hereby make application for a permit to destroy or control aquatic vegetation or aquatic nuisance as described above. I understand that the control of aquatic nuisances, including destruction of aquatic plants and algae, is subject to rules of the Commissioner of Natural Resources. I understand that an Aquatic Plant Management Specialist may wish to inspect the proposed treatment area before, during, and/or after work is completed and that by making this application I give permission to the specialist to enter my property to make such inspection at reasonable times. I understand that an annual report will be required on results achieved.
Completion of this form and processing of the accompanying application fee does not constitute obtaining a permit.

Applicants Signature	Date
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(2 of 2)

Return This Page With Permit Fee.